HAVENWOOD NURSING & REHABILITATION LLC 3333 WEST HIGHLAND BOULEVARD

MILWAUKEE 53208 Phone: (414) 344-8100

Ownership: Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skil Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 260 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 304 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 241 Average Daily Census: 241

Services Provided to Non-Residents	Age, Gender, and Primary Di	_		12/31/03)	Length of Stay (12/31/03)	용			
Home Health Care	No	   Primary Diagnosis	%	Age Groups	용	Less Than 1 Year	18.3		
Supp. Home Care-Personal Care	No					1 - 4 Years	45.2		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.4	Under 65	30.3	More Than 4 Years	16.6		
Day Services	No	Mental Illness (Org./Psy)	14.1	65 - 74	15.8				
Respite Care	No	Mental Illness (Other)	10.8	75 - 84	25.7		80.1		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	21.6	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	6.6	Full-Time Equivalent	5		
Congregate Meals No		Cancer 2.1				Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.9		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	4.6	65 & Over	69.7				
Transportation	No	Cerebrovascular	9.5			RNs	4.6		
Referral Service	No	Diabetes	1.7	Gender	%	LPNs	11.5		
Other Services	No	Respiratory	10.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	43.2	Male	31.5	Aides, & Orderlies	41.9		
Mentally Ill	Yes			Female	68.5				
Provide Day Programming for			100.0						
Developmentally Disabled	Yes	l		l	100.0	I			

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## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		Family Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	5	3.0	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	2.1
Skilled Care	15	100.0	331	146	89.0	123	1	100.0	123	6	100.0	155	4	100.0	123	51	100.0	131	223	92.5
Intermediate				13	7.9	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	13	5.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		164	100.0		1	100.0		6	100.0		4	100.0		51	100.0		241	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condit	lons, Services, an	d Activities as of 12/	31/03
beating builting kepoliting reliou					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.9	Bathing	0.0		73.9	26.1	241
Other Nursing Homes	4.1	Dressing	7.9		66.0	26.1	241
Acute Care Hospitals	58.0	Transferring	19.5		57.3	23.2	241
Psych. HospMR/DD Facilities	0.6	Toilet Use	17.0		54.8	28.2	241
Rehabilitation Hospitals	0.3	Eating	52.7		24.9	22.4	241
Other Locations	25.4	******	*****	*****	*****	******	*****
Total Number of Admissions	343	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	7.5	Receiving Resp	iratory Care	10.4
Private Home/No Home Health	12.5	Occ/Freq. Incontinen	t of Bladder	68.0	Receiving Trac	heostomy Care	2.1
Private Home/With Home Health	38.5	Occ/Freq. Incontinen	t of Bowel	57.3	Receiving Suct	ioning	0.4
Other Nursing Homes	1.7				Receiving Osto	my Care	10.4
Acute Care Hospitals	13.4	Mobility			Receiving Tube	Feeding	12.9
Psych. HospMR/DD Facilities	0.9	Physically Restraine	d	7.5	Receiving Mech	anically Altered Diets	47.3
Rehabilitation Hospitals	0.0						
Other Locations	6.7	Skin Care			Other Resident C	haracteristics	
Deaths	26.2	With Pressure Sores		9.1	Have Advance D	irectives	53.1
Total Number of Discharges	i	With Rashes		1.7	Medications		
(Including Deaths)	343 I				Receiving Psyc	hoactive Drugs	66.4

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This Proprietary		orietary	2	00+	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%			%	% Ratio		% Ratio		Ratio
Occupant Policy Program Politic Green (7 through Politic	70 -	04.7	0.00	0.6.1	0.01	06.6	0.01	07.4	0.00
Occupancy Rate: Average Daily Census/Licensed Beds	78.5	84.7	0.93	86.1	0.91	86.6	0.91	87.4	0.90
Current Residents from In-County	92.1	81.8	1.13	79.8	1.15	84.5	1.09	76.7	1.20
Admissions from In-County, Still Residing	24.8	17.7	1.40	24.0	1.03	20.3	1.22	19.6	1.26
Admissions/Average Daily Census	142.3	178.7	0.80	118.5	1.20	157.3	0.90	141.3	1.01
Discharges/Average Daily Census	142.3	180.9	0.79	120.4	1.18	159.9	0.89	142.5	1.00
Discharges To Private Residence/Average Daily Census	72.6	74.3	0.98	34.8	2.08	60.3	1.20	61.6	1.18
Residents Receiving Skilled Care	94.6	93.6	1.01	91.2	1.04	93.5	1.01	88.1	1.07
Residents Aged 65 and Older	69.7	84.8	0.82	90.2	0.77	90.8	0.77	87.8	0.79
Title 19 (Medicaid) Funded Residents	68.0	64.1	1.06	62.8	1.08	58.2	1.17	65.9	1.03
Private Pay Funded Residents	2.5	13.4	0.19	20.6	0.12	23.4	0.11	21.0	0.12
Developmentally Disabled Residents	0.4	1.1	0.39	0.9	0.47	0.8	0.49	6.5	0.06
Mentally Ill Residents	24.9	32.2	0.77	32.9	0.76	33.5	0.74	33.6	0.74
General Medical Service Residents	43.2	20.8	2.07	20.1	2.15	21.4	2.02	20.6	2.10
Impaired ADL (Mean)	52.9	51.8	1.02	51.2	1.03	51.8	1.02	49.4	1.07
Psychological Problems	66.4	59.4	1.12	61.5	1.08	60.6	1.10	57.4	1.16
Nursing Care Required (Mean)	11.8	7.4	1.59	7.6	1.56	7.3	1.62	7.3	1.61